



APPLICATION FOR BENEFICIARY DESIGNATION FOR ACTIVE MEMBER

State Form 54276 (R3 / 9-13)

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND
 1 North Capitol Avenue, Suite 001
 Indianapolis, IN 46204
 Telephone: (888) 526-1887 (Toll-free)
 Fax: (866) 591-9441 (Toll-free)
 E-mail: questions@inprs.in.gov
 Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

INSTRUCTIONS

1. Remove the Instruction pages included with this application prior to returning the completed application to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. Include an English translation of all foreign documents.
4. This application must be signed and dated by the member, including any additional beneficiary designation pages.
5. This application must be witnessed by someone who is not a beneficiary.
6. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
7. Questions or changes? Call customer service, toll-free, at (888) 526-1887, Monday - Friday, 8 a.m. - 8 p.m. EST.

INFORMATION

A fund member may designate one or more beneficiaries to receive in a lump sum of any owed member contributions plus interest if the fund member dies without receiving a retirement benefit, a disability benefit, without a survivor entitled to receive a benefit and without the board returning the fund member's contributions.

If you want to name additional beneficiaries, you may attach copies of the pages containing the necessary information. Be certain to indicate there are additional pages. Each page must be signed and dated by the member and witnessed by someone who is not a beneficiary.

MEMBER INFORMATION

Member's name Pamela Ann Lee		Social Security number* 306-72-4055	Pension ID (PID) number 000427329
Address 11431 Grace Terrace	Telephone number with area code 317-340-8708		Other telephone number with area code
City Indianapolis	State Indianapolis	ZIP Code 46236	E-mail address L4055@indygov.org

PRIMARY BENEFICIARY DESIGNATION

Beneficiary's name Candace Susan Batten-Lee		Social Security number 311-58-5774	Date of birth (mm/dd/yyyy) 05/27/1962
Address 11431 Grace Terrace		Telephone number with area code 317-340-8304	
City Indianapolis	State Indiana	ZIP Code 46236	Relationship to member SPOUSE

Beneficiary's name		Social Security number	Date of birth (mm/dd/yyyy)
Address		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number	Date of birth (mm/dd/yyyy)
Address		Telephone number with area code	
City	State	ZIP Code	Relationship to member

☐ Check here if there are more than three (3) Primary Beneficiary Designations. Copy this page and include it with your submission.

Member's name Pamela Ann Lee	Social Security number* 306-72-4055	Pension ID (PID) number 000427329
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PRIMARY BENEFICIARY DESIGNATION (Continued)

Member's signature <i>Pamela Ann Lee</i>		Date (mm/dd/yyyy) 12/09/2013
Witness' signature <i>Robert Chandler</i>	Printed witness' name Robert Scott Chandler	Date (mm/dd/yyyy) 12/09/2013

CONTINGENT BENEFICIARY DESIGNATION

Beneficiary's name Brenda Ann Batten		Social Security number 311-58-5796	Date of birth (mm/dd/yyyy) 06161954
Address 403 Bamboo Lane		Telephone number with area code 215-901-1830	
City Largo	State Florida	ZIP Code 33770	Relationship to member Sister-in-law

Beneficiary's name		Social Security number	Date of birth (mm/dd/yyyy)
Address		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number	Date of birth (mm/dd/yyyy)
Address		Telephone number with area code	
City	State	ZIP Code	Relationship to member

☐ Check here if there are more than three (3) Contingent Beneficiary Designations. Copy this page and include it with your submission.

Member's signature <i>Pamela Ann Lee</i>		Date (mm/dd/yyyy) 12/09/2013
Witness' signature <i>Robert Chandler</i>	Printed witness' name Robert Scott Chandler	Date (mm/dd/yyyy) 12/09/2013

MEMBER AFFIDAVIT

In accordance with the provisions of Indiana Code § 36-8-8-24, I designate my beneficiary or beneficiaries as shown on this application. If the primary beneficiary or beneficiaries herein designated survive me, they shall receive a lump sum of any owed member contributions plus interest if I die without receiving a retirement benefit, a disability benefit, without a survivor entitled to receive a benefit and without the board returning the fund member's contributions [IC 36-8-24 (a)(4)].

If the primary beneficiary or beneficiaries do not survive me, then the contingent beneficiary or beneficiaries shall receive such funds. If none survive me, then the beneficiary shall be my estate. If no designation is made, any monies due would be payable to my estate. I reserve the right to change the primary or contingent beneficiaries at any time prior to my retirement, disability retirement, or death by filing a *Change of Beneficiary* (State Form 1856) with the Board of Trustees of the Fund. Such a change must be received and accepted by the Fund for it to become effective.

Member's signature <i>Pamela Ann Lee</i>	Date (mm/dd/yyyy) 12/09/13
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